



PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</b>	Application Number	10/646,990
	Filing Date	August 21, 2003
	First Named Inventor	Nikhilesh N. SINGH
	Art Unit	1615
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	559142000500

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made at the request of TransOral Pharmaceuticals, Inc.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

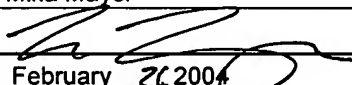
OR

☒ Firm or Individual Name Sherbonne Barnes-Anderson (Townsend and Townsend and Crew)

Address Two Embarcadero Center, Eighth Floor  
City San Francisco State California Zip 94111-3834  
Country  
Telephone Fax

- ☒ This request is made on behalf of myself and  
☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Mika Mayer  
Signature  Registration No. 47,777  
Date February 26, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 2/26/04 Signature:  (Thao T. Pham)



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Country			
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